

# **INFORMATION ABOUT LICENSING**

## **ALARM COMPANY OPERATOR AND ALARM COMPANY OPERATOR QUALIFIED MANAGER**

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This packet contains information about obtaining an Alarm Company Operator and Alarm Company Operator Qualified Manager license, descriptions of required qualifications, and license application forms. It is the policy of the Bureau of Security and Investigative Services (Bureau) to provide equal licensing opportunities for all persons without regard to race, color, religion, sex, national origin, disability, age, creed, marital status or sexual orientation.

The Bureau licenses and regulates Alarm Company Operators and Alarm Company Qualified Managers in California under the provisions of the:

- California Business and Professions Code 7590-7599.75
- California Code of Regulations (formerly California Administrative Code)  
Title 16, Division 7

No person may engage in the business of an Alarm Company Operator in California without obtaining the proper license from this Bureau. Any person who operates without a license, unless exempted, or who represents himself or herself to be licensed and is not licensed, is guilty of a misdemeanor, which is punishable by a fine and/or imprisonment. Licensing laws and regulations are subject to change. Applicants are responsible for staying informed of legislative or regulatory changes which may affect the status of their application. If any such changes affect the status of an application after it has been filed with the Bureau, the applicant will be notified.

### **GENERAL QUALIFICATIONS FOR LICENSURE**

Each person listed on the application (owner, partner, corporate officer, qualified manager) is required to meet certain general qualifications regarding fitness for licensure.

The person who will be in active charge of the business for an Alarm Company Operator is referred to as the qualified manager or qualified certificate holder. Each company license must have one person designated as the qualified manager and that person must meet the general license qualifications as well as more specific qualifications regarding age, experience and examination. The qualified manager may be an owner, partner, corporate officer or any other person meeting the requirements for qualified manager.

### **DENIAL OF LICENSURE**

A criminal history check is made on all applicants through the completion of a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) Live Scan. The director may deny a license if any person listed on the application as an owner, partner, corporate officer or qualified manager have done any of the following:

- Been convicted of a crime. Any conviction of any crime or plea of nolo contendere, even if the conviction was dismissed under Penal Code section 1203.4, must be disclosed on the application.
- Committed any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or herself, or injure another.
- Committed any act which, if done by a licensee of the business or profession in question, would be grounds for suspension or revocation of the license.
- Knowingly made a false statement of fact required to be revealed on the license application.
- Had a license which is under suspension.

- Been refused a license or had a license revoked, or been an officer, partner or manager of any business that has been refused a license or had a license revoked by the Bureau.
- While unlicensed, committed, or aided and abetted the commission of, any act for which said license is required.

If a denial of licensure is based on a previous criminal act by the applicant, the crime or act must be substantially related to the qualifications, functions or duties of the business or profession for which the application is made.

**Note:** If there is a conviction of unlicensed activity or aiding and abetting, a license will not be issued unless at least one year has lapsed since the date of the conviction. Other provisions may apply. Evidence of rehabilitation may be submitted with the application for consideration by the Bureau.

### **GENERAL REQUIREMENTS – QUALIFIED MANAGER**

The person who is designated as the qualified manager must meet these general requirements in addition to the experience requirement listed below:

- Be at least 18 years of age.
- Attain a passing score on the written examination.
- Have at least two years (2,000 hours each year) of compensated experience totaling not less than **4,000** hours in alarm company work, or the equivalent thereof.

**Note:** A C7 or C10 license from the California Contractor’s State License Board may be used in lieu of the 4,000 hours of compensated experience. Please submit a copy of your C7 or C10 license in place of the Qualifying Experience form when completing your application packet.

Qualifying experience is compensated alarm company work performed for a licensed company as a registered alarm company employee (ACE).

**Experience gained as an unregistered agent will not be accepted.**

**Note:** If an applicant has previously passed the examination for an Alarm Company Qualified Manager and/or currently holds a valid license, the applicant does not have to retake the exam.

### **APPLICATION PROCESSING TIMEFRAME**

**The following items may affect the time required to issue a license:** incomplete application forms; incorrect or nonpayment of fees; passing the examination; the DOJ and FBI’s response time on criminal history checks; and the time required to verify application information.

All applications are processed on a first-come, first-serve basis. Please allow a minimum of four weeks before contacting the Bureau about the status of your application.

### **FORMS REQUIRED FOR LICENSE APPLICATION**

The following is a description of each type of form that must be included with the application. All required forms must be completed and submitted to the Bureau with the appropriate fees before the application will be processed. If “fee required” appears by the form number, see the attached Alarm Company Operator Schedule of Fees for the amount. The attached Alarm Company Operator Application Forms Checklist on page 7 also

lists the forms required for an Alarm Company Operator license. Please check the completed application package against this list before submitting it to the Bureau.

**Application for License (Form 31D-4) (fee required)**

A separate Alarm Company Operator application must be filed for each entity applying for a license. For example, if a licensed Alarm Company Operator sole ownership wants to have a partnership with someone else, the licensed sole owner must file two separate Alarm Company Operator applications

Licenses are not transferable or assignable to new entities, and a change in ownership constitutes a new entity. If the type of ownership/entity changes after filing an application or after becoming licensed, the applicant must submit a new application with the appropriate fees.

**Note:** If an applicant is applying for an Alarm Company Qualified Manager license only, the applicant does not need to complete the Application for License (Form 31D-4).

**Business address:** A post office box or mailbox service may not be listed as the address of record unless mail delivery to the physical location of the business is not possible or the principal place of business is located in your personal residence. If a post office box or mailbox service is listed as an address of record, the applicant must include an explanation for doing so with the application and provide the physical location/address of the business.

**Personal Identification Form (Form 31D-9) (no fee required)**

Each person listed on the Alarm Company Operator Application for License as an owner, partner, corporate officer and/or qualified manager of the business must complete one of these forms and submit two passport quality photographs, taken within the past year. Qualified manager applicants who do not have a current qualification certificate are to complete Form 31D-26. Any person who knowingly falsifies photographs required for licensure is guilty of a felony.

If the applicant has ever been convicted of a crime, it must be disclosed on this form along with an explanation of the circumstances. Conviction(s) dismissed under Penal Code section 1203.4 or a plea of nolo contendere must be disclosed.

The director may deny a license if the crime or act is substantially related to the qualifications, functions, or duties of the license for which application has been made. The director may also deny a license if a false statement is made on the application.

**Application for Qualification Certificate (Form 31D-26) (fee required)**

This form is to be completed only by those persons applying for examination to become a qualified manager for an Alarm Company. If the applicant already has a current qualification certificate the applicant is not required to complete this form or pay the fee. After passing the examination, and successful completion of other requirements, a qualification certificate (separate from a company license) will be issued to the applicant.

If the applicant has have ever been convicted of a crime, it must be disclosed on this form along with an explanation of the circumstances. Conviction(s) dismissed under Penal Code section 1203.4 or a plea of nolo contendere must be disclosed.

**Qualifying Experience (Form 31D-8) (no fee required)**

This form must be completed for all persons applying for examination as a qualified manager for an Alarm Company Operator. **All qualifying experience for the Qualified Manager must be certified on this form by someone other than the applicant.** A separate form is to be used by each person who is certifying experience and for each employer. All military qualifying experience must be supported by a copy of the applicant's DD-214 or Performance Evaluation Report. Additional support of experience may be required as requested by the

Bureau. One year of experience is considered to be a minimum of 2,000 hours of compensated time in the required field.

**Request for Authorization of Business Name** (Form 31D-12) (no fee required)

Business may not be conducted under a fictitious or other business name unless written authorization is received from this Bureau. The Bureau recommends that the applicant wait until the issuance of an Alarm Company Operator license before incurring expenses related to the use of the name, e.g., stationery, business cards, advertising, telephone listings, etc. for the Alarm Company. **Approval of a corporate name by the Secretary of State does not mean the name will be automatically approved as a business name by the Bureau.**

The Request for Authorization of Business Name form will not be processed before receipt of an application and fees. List business names to be considered in order of preference. Name approval or disapproval is not available by telephone. Applicants who have already passed the required examination will be notified of name approval or disapproval after review and acceptance of the application. New applicants will be advised of name approval or disapproval with notification of passing the written examination.

**Note:** If applying for an Alarm Company Operator Qualified Manager license only, the applicant does not need to complete the Request for Authorization of Business Name (Form 31D-12).

**Branch Office Registration Application** (Form 31A-11) (fee required)

This form is required only if the applicant intends to conduct business from a location other than the principal place of business. A separate form is required for each branch location. If the applicant intends to have branch offices, the Alarm Company Operator Branch Office Registration Application form should be completed and submitted to the Bureau. It can be downloaded from the Bureau's website at <http://www.bsis.ca.gov>.

**Fingerprint Cards are Rarely Acceptable**

**CALIFORNIA RESIDENTS:** Effective July 1, 2005, the DOJ, with rare exceptions, will only accept electronically submitted (Live Scan) fingerprints for criminal background checks related to employment, licensing, certification, etc.

Applicants who do not have reasonable access to Live Scan or have a justifiable reason to submit their fingerprints on a fingerprint card may apply for an exemption. Submit a "Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement" form with the application and fingerprint card. This form is available at <http://ag.ca.gov/publications/bcii9004.pdf>.

To ensure timely processing of applications, as of June 1, 2005, the Bureau will accept fingerprint cards from California applicants only if they qualify for the exemption mentioned above.

**NON-RESIDENTS:** Out-of-state applicants will be deemed to lack reasonable access to Live Scan. Accordingly, hard fingerprint cards for such individuals will not be subject to the limitations described above.

**Live Scan Sites and Forms**

Live Scan is a system for the electronic submission of fingerprints and the subsequent automated background checks and responses. Simply go to the nearest Live Scan station to submit fingerprints to the DOJ and FBI. Pay the Live Scan Operator the \$32.00 DOJ fingerprint processing fee and the \$17.00 FBI fingerprint processing fee. Additional rolling fees may apply. Visit the Bureau's website site at <http://www.bsis.ca.gov> to link to the Live Scan sites and/or Live Scan form.

## **REQUIRED FOR LICENSE APPLICATION**

### **Corporate Applicants Only**

If a corporate application is filed and Articles of Incorporation or the Statement and Designation as a Foreign Corporation are already filed with the California Secretary of State, a copy of the **endorsed** articles should accompany the application. Endorsed Articles of Incorporation or the Statement and Designation as a Foreign Corporation are required before a corporate license is issued.

### **Limited Liability Company Applicants Only**

If a limited liability company application is filed and the Articles of Organization or the Application to Register a Foreign Limited Liability Company are already filed with the California Secretary of State, a copy of the **endorsed** articles should accompany the application. Endorsed Articles of Organization or the Application to Register as a Foreign Limited Liability Company are required before a license is issued.

## **QUALIFIED MANAGER EXAMINATION**

Examinations are designed to determine proficiency of the applicant to engage in the business of a Qualified Manager for an Alarm Company.

In order to be considered for examination, the Bureau must receive the completed application and appropriate fee(s).

After an application is approved, an applicant's name and address will be sent to Psychological Services Industry (PSI). PSI will mail the applicant a candidate handbook and study materials. Upon receipt of this information the applicant may call the phone number provided in the handbook and schedule the date, time and location for an examination.

**Disclaimer:** Successfully passing the Alarm Company Qualified Manager examination does not guarantee that the applicant will be issued an Alarm Company Operator license from the Bureau.

Examinees requiring special testing arrangements due to a physical or mental impairment must submit a request to the Bureau for such arrangements. This request must be in writing and include supporting documentation from a physician or other qualified professional.

## **REEXAMINATION**

If an applicant does not pass the qualified manager exam or is unable to attend the scheduled exam date, the applicant may apply to sit for the exam at a later date by submitting a written request or an application for reexamination (form is attached to the results notice) and the appropriate fees. The applicant will receive the candidate handbook and study materials from PSI. Once this information is received the applicant may schedule an appointment with PSI to take the exam.

## **ABANDONMENT OF APPLICATIONS**

If the applicant does not complete the license application process within one year after the application is filed with the Bureau, or does not pass the examination within a one-year period after becoming eligible, the application will be considered abandoned. The date the application will be considered abandoned is included in the applicant's examination scheduling letter. Once an application is considered abandoned, the applicant will be required to submit a new Live Scan form, a new application, and appropriate fees.

## **FINAL STEPS IN THE LICENSING PROCESS**

When all requirements are met for licensing, including the requirements for the qualified manager, the applicant will be notified to send the following items:

- License fee, if not already paid (see Alarm Company Operator Schedule of Fees).
- Any additional information needed to complete the application.
- **For applicants who applied as a corporation:** Articles of Incorporation or Statement and Designation as a Foreign Corporation from the California Secretary of State, if not already submitted.
- **For applicants who applied as a limited liability corporation:** Articles of Organization or endorsed Application to Register a Foreign Limited Liability Company, if not already submitted.

## **LICENSE RENEWAL**

After a license is issued, it is subject to renewal as prescribed by law. The expiration date is shown on your license or certificate. If you do not renew on time, delinquent penalties and reinstatement timeframes apply as prescribed by law. The Bureau shall send an application for renewal before the license expiration date; however, it is your responsibility to renew your Alarm Company Operator license on time.

## **ANY QUESTIONS?**

If you have questions regarding the Alarm Company Operator licensing process or about completion of your application you may contact the Bureau at:

Bureau of Security and Investigative Services  
P.O. Box 989002  
West Sacramento, CA 95798-9002  
(800) 952-5210  
(916) 322-4000

**Although every effort has been made to assure the accuracy of this information packet, it does not have the force and effect of law, rule or regulation. Should any difference or error occur, the law will take precedence.**

# ALARM COMPANY OPERATOR AND ALARM COMPANY OPERATOR QUALIFIED MANAGER APPLICATION FORMS CHECKLIST

This form is for your use only. Please do not submit it to the Bureau with your application. Your application package must include each form listed below, along with the correct fees.

## **APPLICATION AND FINGERPRINT PROCESSING FEES ARE NON-REFUNDABLE.**

Check off each form that you have completed. If there is a fee requirement, find the amount on the Alarm Company Operator Schedule of Fees and write it on the checklist. When all forms are checked off, submit your application package and appropriate fees to the Bureau. Make checks payable to the Bureau of Security and Investigative Services.

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### **ALARM COMPANY OPERATOR**

If you do not have a qualified manager who already has a current qualification certificate, you must also send the forms listed for the qualified manager. If you are applying only to become certified as an alarm company operator qualified manager, do not complete these forms – see forms list for qualified manager.

- ☐ Application for License (Form 31D-4) Application Processing Fee: \$ 35.00
- ☐ Personal Identification Form (Form 31D-9)  
One form and two passport quality photographs, taken within the past year, for each owner, partner, corporate officer and manager.
- ☐ Second copy of the Live Scan form signed by the Live Scan operator, for each owner, partner, corporate officer and qualified manager.
- ☐ Request for Authorization of Business Name (Form 31D-12)
- ☐ **Corporation Applicants Only:** endorsed Articles of Incorporation or the Statement and Designation by a Foreign Corporation *if already filed* with the California Secretary of State.
- ☐ **Limited Liability Company Applicants Only:** endorsed Articles of Organization or endorsed Application to Register a Foreign Limited Liability Company.

### **ALARM COMPANY OPERATOR QUALIFIED MANAGER**

- ☐ Application for Qualification Certificate (Form 31D-26) Application Processing Fee/  
Examination Fee: \$ 105.00
- ☐ Personal Identification Form (Form 31D-9)  
One form and two passport quality photographs, taken within the past year, for each owner, partner, corporate officer and manager. License Fee (Fee payable after you  
have passed the exam): \$ 280.00
- ☐ Second copy of the Live Scan form signed by the Live Scan operator.
- ☐ Qualifying Experience (Form 31D-8)  
One form from each person who is certifying the required work experience.
- ☐ If applicable, copy of Contractors State License Board C7/C10 license.



## BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

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www.bsis.ca.gov

**ALARM COMPANY OPERATOR  
APPLICATION FOR LICENSE**

If you are a Veteran of the United States military, please check here. ☐

This information is requested pursuant to California Business and Professions Code section 7593 and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected. You must submit the licensing fee(s) with your application package. Failure to do so may delay the processing of your application. **Please note that the application processing fee and/or license fees are non-refundable.**

If the qualified manager has already passed the Bureau examination and is still eligible to be a qualified manager, you may submit the licensing fee and the application fee with this application.

## Department Use Only

Prefix \_\_\_\_\_  
No. \_\_\_\_\_  
Iss. \_\_\_\_\_  
Exp. \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY.

1. Proposed Business Name

2. Business Address – Number and Street City State Zip Code

3. Qualified Manager's Full Name

4. Qualified Manager License Number (if licensed)

5. Telephone – Business  
( )

Residence  
( )

6. Type of Business Organization

☐ Individual ☐ Partnership (FEIN) ☐ Corporation ☐ Limited Liability Company

/ / / - / / - / / / / / / / / / - / / - / / / / / / / / - / / - / / / / / / / /  
Social Security Number FEIN Corporate Number LLC Number

List the name of each owner, partner, or corporate officer of the business and identify their position. For corporations list chief executive officer, secretary, chief financial officer, and any other corporate officer who will be active in the business. If additional space is needed, attach a separate sheet.

Name – Last	First	Middle	Position	Telephone
				( )
				( )
				( )

Each person listed in items 3 and 6 must complete and submit an Alarm Company Operator Personal Identification Form (Form 31D-9), even though the person may have previously submitted this information in connection with another license.

7. Are you a Veteran of the United States military? ☐ YES ☐ NO

If yes, were you honorably discharged? ☐ YES ☐ NO

**Please include a copy of your DD-214 form as proof of your qualifying experience.**

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for License and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF LICENSE.

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

SIGNATURES REQUIRED: Individuals whose names appear in item 3 and 6. Per California Civil Code, section 1798 (Information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by California Civil Code section 1798.40. 31D-4 (Rev. 03/2013)





17. EMPLOYMENT HISTORY: List most recent experience first. Qualified managers must list two years of qualifying experience and attach their completed Qualifying Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER		TELEPHONE NUMBER (      )	
ADDRESS:	NUMBER STREET	CITY	STATE ZIP CODE
YOUR POSITION TITLE		SUPERVISOR'S NAME	
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	
NAME OF EMPLOYER		TELEPHONE NUMBER (      )	
ADDRESS:	NUMBER STREET	CITY	STATE ZIP CODE
YOUR POSITION TITLE		SUPERVISOR'S NAME	
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	
NAME OF EMPLOYER		TELEPHONE NUMBER (      )	
ADDRESS:	NUMBER STREET	CITY	STATE ZIP CODE
YOUR POSITION TITLE		SUPERVISOR'S NAME	
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	

18. List your residence addresses for the past five years. Give the most recent first, using additional sheet if necessary.

NUMBER AND STREET	CITY	STATE	ZIP CODE	FROM	TO

**ATTENTION – READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM**

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Personal Identification Form and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

SIGNATURE

DATE

Per California Civil Code section 1798.17 (Information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by California Civil Code section 1798.40.

**Attach two passport  
quality photographs, taken  
within the past year**

**DEPARTMENT USE ONLY**

EXP \_\_\_\_\_

FP 1 \_\_\_\_\_

FP 2 \_\_\_\_\_

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002  
West Sacramento, CA 95798-9002  
(916) 322-4000 (800)952-5210  
www.bsis.ca.gov



## **ALARM COMPANY OPERATOR REQUEST FOR AUTHORIZATION OF BUSINESS NAME**

Any name under which you intend to do business, including your own name, must be submitted to the Bureau for approval pursuant to California Business and Professions Code section 7593. A Request for Authorization of Business Name form will not be accepted prior to application for license. Business may not be conducted under a fictitious or other business name unless written authorization is received from the Bureau. Any advertisement must contain the **exact** business name as approved by the Bureau. The use of a fictitious business name is subject to the provisions of California Business and Professions Code Chapter 5 (commencing with section 17900) of Part 3 of Division 7. This Chapter defines fictitious name and contains provisions regarding use and requirement for filing a statement with the local county clerk.

**Alarm Company Operator:** Business and Professions Code section 7593 states in part:

No license shall be issued in any fictitious name which may be confused with or which is similar to any federal, state, county, or municipal governmental function or agency or to any law enforcement agency, or in any name which may tend to describe any business function or enterprise not actually engaged in by the applicant.

\* The Bureau must maintain a physical address of record on file at all times. If mail delivery to the physical location of the business is not possible, please list a mailing address in addition to the physical business address. If you are operating out of your residence and wish to keep your physical address confidential from public record, please submit a written request and attach it with this form.

1. Name of Qualified Manager

2. \*Physical Business Address – Number and Street

City

State

Zip Code

3. \*Mailing Address (If applicable)

City

State

Zip Code

4. Telephone Number

Residence ( )

Business ( )

5. List proposed business names in the order of preference. At least three choices should be provided if a fictitious name is requested; however, five choices are preferable. If the first name listed is approved, additional names will not be considered. Other criteria for name approval:

- If initials are to be used as part of the name, you must explain what they stand for.
- The use of the following words will not be approved for an individual or partnership license: Corporation, Corp., Incorporated, Inc.
- The following words or initials will not be approved as part of a fictitious or business name: U.S., United States, Federal, State, Bureau, Police, Task Force, Community, County.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. CERTIFICATION:

If type of license is individual, the owner must sign.

If type of license is a partnership, all partners must sign.

If type of license is a corporation, a responsible corporate officer must sign.

If type of license is a limited liability corporation, the owners must sign.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Department Use Only	
Approved	Disapproved

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**ALARM COMPANY OPERATOR QUALIFIED MANAGER  
APPLICATION FOR QUALIFICATION CERTIFICATE****(Not required by Alarm Company applicants who currently have a licensed Qualified Manager)**

This form is to be completed by the individual who wishes to become the qualified manager for an Alarm Company. If granted, a certificate allows you to act as a qualified manager for a licensed company; however, it does not take the place of a company license.

This form must be accompanied by a Live Scan form signed by the Live Scan operator, and two passport quality photographs, taken within the past year.

**Please note that the Qualification Certificate fee is non-refundable.**

Disclosure of your social security number is mandatory. California Business and Professions Code section 30 Public Law 94-455 [42 USCA 405(c)(2)(C)] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

This information is requested pursuant to California Business and Professions Code sections 480, 7599(c), and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

PLEASE TYPE OR PRINT CLEARLY.

1. NAME: LAST FIRST MIDDLE			2. SOCIAL SECURITY NUMBER (MANDATORY):	
3. RESIDENCE ADDRESS: NUMBER AND STREET CITY			STATE ZIP CODE	
4. TELEPHONE NUMBER: Residence ( ) Business ( )			5. DATE OF BIRTH (Month/Day/Year):	
6. BUSINESS NAME:			7. BUSINESS LICENSE NUMBER (If Licensed):	
8. BUSINESS ADDRESS: NUMBER AND STREET CITY			STATE ZIP CODE	
9. YOUR POSITION WITH BUSINESS: (Check all that apply) <input type="checkbox"/> OWNER <input type="checkbox"/> QUALIFIED MANAGER <input type="checkbox"/> PARTNER <input type="checkbox"/> OFFICER OFFICE HELD _____				
10. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services, or the Bureau of Security and Investigative Services?			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>
11. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>
12. Have you ever been convicted of any crime or entered a plea of nolo contendere? This includes all offenses, misdemeanors, and felonies in any state, federal jurisdiction, and foreign country, including convictions entered after a plea of nolo contendere (no contest). Convictions dismissed under Penal Code section 1203.4 MUST also be disclosed. However, you need not disclose excluded by the provisions of Penal Code section 19.8			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>
13. Have you ever used a name other than your present legal name?			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>

**IMPORTANT:** If you answered "YES" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc.

14. EMPLOYMENT HISTORY: Your past five-year employment history must be shown. Any lapse of employment during those five years must be explained. List most recent experience first. Qualified managers must list ALL qualifying experience and attach the completed Qualifying Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER		TELEPHONE NUMBER (      )	DUTIES PERFORMED:
ADDRESS: NUMBER STREET      CITY      STATE      ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
NAME OF EMPLOYER		TELEPHONE NUMBER (      )	DUTIES PERFORMED:
ADDRESS: NUMBER STREET      CITY      STATE      ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
NAME OF EMPLOYER		TELEPHONE NUMBER (      )	DUTIES PERFORMED:
ADDRESS: NUMBER STREET      CITY      STATE      ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		

15. List your residence addresses for the past five years. Give the most recent first, using additional sheets if necessary.

NUMBER AND STREET	CITY	STATE	ZIP CODE	FROM	TO

16. Are you a Veteran of the United States military?      ☐ YES      ☐ NO

If yes, were you honorably discharged?      ☐ YES      ☐ NO

**Please include a copy of your DD-214 form as proof of your qualifying experience.**

**ATTENTION – READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM**

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for Qualification Certificate form and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Per California Civil Code, section 1798.17 (Information Practices Act), the Chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by California Civil Code section 1798.40.

**Attach two passport  
quality photographs, taken  
within the past year**

**DEPARTMENT USE ONLY**

EXP \_\_\_\_\_

FP 1 \_\_\_\_\_

FP 2 \_\_\_\_\_

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002  
West Sacramento, CA 95798-9002  
(916) 322-4000 (800)952-5210  
www.bsis.ca.gov



## **ALARM COMPANY OPERATOR QUALIFIED MANAGER QUALIFYING EXPERIENCE**

**(Not required by Alarm Company applicants who currently have a licensed Qualified Manager)**

The information on this form is used to determine experience qualifications of applicants for licensure and is requested pursuant to California Business and Professions Code section 7599. One form must be completed by each person (declarant) who is certifying the applicant's experience. **The declarant section of the form must be completed by someone other than the applicant who has knowledge of the work experience claimed by the applicant. Use a separate form for each employer.**

**THIS SECTION TO BE COMPLETED BY THE APPLICANT**

1. NAME OF APPLICANT				
2. RESIDENCE ADDRESS OF APPLICANT: NUMBER AND STREET		CITY	STATE	ZIP CODE
3. APPLICANT'S TELEPHONE NUMBER				
Residence ( )		Business ( )		
4. NAME OF EMPLOYER FROM WHOM APPLICANT ACQUIRED EXPERIENCE			5. NAME OF IMMEDIATE SUPERVISOR	
6. ADDRESS OF ABOVE EMPLOYER: STREET CITY STATE ZIP CODE			7. EMPLOYER'S BUSINESS TELEPHONE NUMBER ( )	

**THIS SECTION TO BE COMPLETED BY THE DECLARANT**

The declarant is the person who certifies or attests to the applicant's experience. The information given is important to the applicant since it may help that person qualify for an Alarm Company Operator license. It is also important to the Bureau of Security and Investigative Services (Bureau) which uses it to determine if the applicant meets the experience requirements.

Please complete this form and return it to the applicant. Incomplete or inaccurate forms may be returned and/or may prevent or delay the applicant from qualifying for licensure. A Bureau representative may contact you by telephone or mail to verify statements or to get additional information regarding the applicant's experience qualifications. One year of experience is considered to be a minimum of 2,000 hours of compensated time for the specific license filed.

The applicant may have several declarants; you may be certifying only part of the experience required. The total time required to obtain an Alarm Company Qualified Manager certificate is 4,000 hours of experience.

8. NAME OF DECLARANT				
9. ADDRESS OF DECLARANT: NUMBER AND STREET		CITY	STATE	ZIP CODE
10. DECLARANT'S TELEPHONE NUMBER			11. DECLARANT'S LICENSE NUMBER IF LICENSED WITH THIS BUREAU	
Residence ( )		Business ( )		
12. NAME OF DECLARANT'S EMPLOYER				
13. ADDRESS OF DECLARANT'S EMPLOYER: NUMBER AND STREET		CITY	STATE	ZIP CODE

CONTINUED ON OTHER SIDE

ADDITIONAL COMMENTS:

Per California Civil Code, section 1798.17 (Information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by California Civil Code section 1798.40.

SIGNATURE OF DECLARANT

TITLE

DATE \_\_\_\_\_



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**INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

The information you provide on this application is maintained by the Chief of the Bureau of Security and Investigative Services, Department of Consumer Affairs, 2420 Del Paso Road., Suite 270, Sacramento, CA 95834, (916) 322-4000. The information is requested pursuant to California Business and Professions Code sections 7590 – 7599.75, and California Labor Code section 432.7; and/or Title 16, California Code of Regulation section 606.

It is mandatory that you provide all information requested. Omission of any item of required information will result in the application being rejected as incomplete.

Disclosure of your social security number is mandatory. California Business and Professions Code section 30 and Public Law 94-455[42 USCA §405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

Your completed application becomes the property of the Bureau and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code section 6250 et seq.) and the Information Practices Act (Civil Code section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

You have the right to review the records maintained on you by the Bureau or department unless the records are exempt by California Civil Code section 1798.40. You may gain access to the information by contacting the Bureau at the above address.

The Unruh Civil Rights Act and other state laws contain prohibitions against gender-based pricing practices. Prices must be based on factors such as the difficulty of treatment or service, and not on the gender of the customer. Violators of these laws may be required to pay damages of a minimum of \$1,000.00 for each violation as specified in California Civil Code section 52. [Statutes 1994, chapter 535 (SB 1288)].

(Rev. 03/2013)



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**ALARM COMPANY OPERATOR AND ALARM COMPANY OPERATOR  
QUALIFIED MANAGER SCHEDULE OF FEES**

Fingerprint processing fees are set by the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

**APPLICATION AND FINGERPRINT PROCESSING FEES ARE NON-REFUNDABLE**

<b>ALARM COMPANY (Live Scan)</b>	
Application Processing Fee	\$35
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$17.00 paid at a Live Scan site)	
<b>TOTAL</b>	<b>\$35</b>
License Fee (Payable after you have passed exam)	\$280
Renewal Fee (Payable every two years)	\$335
Additional Delinquent Fee (postmarked after expiration date)	\$167.50
<b>ALARM COMPANY QUALIFIED MANAGER (Live Scan)</b>	
Application/Examination Fee	\$105
DOJ Fingerprint Processing Fee (\$32.00 paid at Live Scan site)	
FBI Fingerprint Processing Fee (\$17.00 paid at Live Scan site)	
<b>TOTAL</b>	<b>\$105</b>
Renewal Fee (Fee payable every two years)	\$120
Additional Delinquent Fee (postmarked after expiration date)	\$60
Re-examination Fee	\$165
<b>ALARM COMPANY BRANCH OFFICE</b>	
Branch Office Fee	\$35
Renewal Fee	\$35
Additional Delinquent Fee (postmarked after expiration date)	\$25

(Rev. 03/2013)